

Priority Focus Areas

Category	Goal	Lead
Sustainability	Court exit agreement commitments	Duane Betournay
Strengthening the Workforce	Supervisor training and mentoring	Midge Delavan
	<u>Worker recruitment and retention</u>	Jeff Harrop
Safety	<u>Child Abuse Prevention</u>	Liz Kuhlman
Permanency	Kinship program practice - better defined	Judy Hull
	<u>Re-entry (repeat removals) into foster care (CFSR data element)</u>	Linda Wininger
	<u>Placement stability for children in foster care (CFSR data element)</u>	Linda Wininger
Well-Being	<u>Substance abuse – worker knowledge, strategies, resources</u>	Vacant – New lead needs to be assigned

Recruitment and Retention Project

The Assignment:

The State Planning team identified worker recruitment and retention as one of the critical areas of focus. The group also identified 3 areas within worker recruitment and retention as being key and they are:

- Compensation
- Manageable workload
- Supports for doing the job (Supervisory Support)

The Team:

The assignment was given to the Associate Regional Directors to review and make recommendations pertaining to these issues. Katy Larsen, Navina Forsythe, and Jack Green of the State office and Eric Biedler and Scott Gerber of the Salt Lake Region also joined the ARD team. Richard Anderson was also provided some consultation and direction.

The methodology:

Once the team was assembled the team conducted some background research reviewing benchmark studies and articles pertaining to worker recruitment and retention. Articles found by members of the team were shared with the group. Some focus groups were conducted to gather worker input pertaining to contributing factors for workplace satisfaction.

The team met together at the beginning of the project to outline the parameters of the project and develop a plan and time table to complete the project. The team met at the conclusion of the project to summarize findings and finalize recommendations.

Some insight gained from the project:

Workplace satisfaction is driven by a number of variables. There are a number of factors contributing to worker satisfaction. Some of these factors are tied to resources and some are not.

Two of the components that are tied to resources include compensation and workload. Compensation refers to the workers salary and benefits of the job. Workload refers to the number of cases and responsibilities associated with cases and other assignments.

The group assembled the following list of recommendations for consideration and exploration to determine feasibility and implementation.

For Recruitment:

- Hire good people
- Provide Practicum experiences for students in order to assess their aptitude in child welfare as well as to recruitment into the agency.
- Focused recruit at the universities.

- Demographically Targeted recruitment of potential staff likely to provide a stable workforce.

For Retention:

- Provide workers with opportunities to have a variety of program area experiences within child welfare. Workers should be allowed to spend time doing CPS, Home-Based Care, Foster Care, and as well as specialization areas within the agency. Specialization may include DV, RFC, Kinship Specialist, and etc.
- Establish a Career Ladder compensation program.
- Incentive based compensation. Workers are paid the same regardless of workload or performance.
- Incentive programs with immediate rewards.
- Develop a formula for determining an appropriate workload. The formula may include variables for urban vs. rural, specialization of certain types of cases (i.e. certain types of cases may be more demanding than other types of cases).
- Explore the possibility of establishing parameters for certain types of cases in which we will no longer intervene. Some examples may include ungovernable youth, delinquent youth, children with mental health issues but otherwise not abused or neglected, CPS cases investigating out of home perpetrators where there is no risk.
- Review Policy and case auditing standards to determine where low priority or redundant work can be eliminated. Thus reducing workload.
- Workers reported greater satisfaction when they felt supported. Workers reported the support came from supervisors or co-workers or some combination of both.
- Availability of resources in the community was a source of satisfaction or frustration depending on whether adequate resources were available to the family or not.
- Staff with clinical skills and training is not always fully utilized.
- Flexible work schedules including part-time schedules, 4 ten-hour shifts, and variable start and finish times, and telecommuting.
- Continuity of policy by supervisor. Some workers expressed frustration when the supervisor gave recommendations inconsistent with practice guidelines or practice model.
- Formal support of informal staff gatherings. Workers reported feeling valued when some recognized personal life accomplishments including birthdays, and wedding or baby showers.
- Workers reported retreats were a source of satisfaction and reinforced unity and partnership in the team.
- Workers reported training (other than mandatory) as being rewarding and felt the agency valued the worker. The worker felt this was a show of investment in the worker as the agency was re-investing in the worker. Drug Endangered Children, CJC Symposium, Troubled Youth and this

type of training were examples of kinds the worker found to be of most value.

- Some workers expressed frustration over the confusion pertaining to DOPL and the SSW.
- Coverage for vacation. Workers reported that using annual leave was a double edged sword. In most cases workers perform at an accelerated rate to compensate for time away. Then scramble to catch up when they return.

DRAFT

DCFS Prevention Plan
Based on Planning Meeting of Administrative Team
January 30, 2007

Needs/issues	Discover what is already being done; communicate to all
Desired Outcomes	Better communication regarding CAN prevention sponsored by DCFS
Strategies	Presentation to RD/Administrative Team Meeting
<i>Action Steps:</i>	Liz Kuhlman, Child Abuse Prevention Specialist, presented to the RD/Administrative Team meeting on May 8; PowerPoint presentation attached.

Data measures: Minutes of May 8 meeting.

Needs/issues	Look at other states
Desired Outcomes	Extensive review has been done of CAN prevention activities in other states.
Strategies	In 2004, a Child Abuse Prevention Task Force reviewed the research with principal investigators giving presentations at six meetings between June and December of that year: Deborah Daro, PhD (Healthy Families: many states); Kathy Spatz Widom (CAN, Juvenile Delinquency, and Adult Criminality--nationwide); Vincent Felitti, MD (Long Term Health Effects of Adverse Childhood Experiences—California); Neil Piland, PhD (Cost of Child Maltreatment—nationwide); Robert Hahn, PhD (Effectiveness of Early Childhood Home Visitation—nationwide).
	Since 2004, the Child Abuse Interim Action Committee and the Child Abuse and Neglect Council (both citizen advisory groups devoted to child abuse prevention) have led prevention efforts. In addition, the Utah Association of Family Support Centers, the only statewide association devoted exclusively to child abuse prevention, has provided leadership in implementing the requirements of the federal Community-Based Child Abuse Prevention (CBCAP) grant. Liz Kuhlman provides staff support to these groups.
	2006-2007: 6 member PREVENT Team selected from Utah to participate in national seminar sponsored by the Centers for Disease Control and the University of North Carolina Injury Prevention Institute. Liz Kuhlman represented DCFS. Review of state-of-the-art child abuse prevention efforts nationwide; PREVENT plan for state. Final Report for Utah available upon request.
	Review of implementation of most effective, evidence-based programs in all states to determine how they are funded and implemented completed by Liz Kuhlman, 2007.
	Becky Ruffner presented in January 12, 2007, to more than 70 DCFS and community partners on implementation of Healthy Families in Arizona.
<i>Action Steps:</i>	Liz Kuhlman, Child Abuse Prevention Specialist, presented to the RD/Administrative Team meeting on May 8; PowerPoint presentation attached; DOH requesting funding for Nurse Family Partnership (NFP);

Data measures:

Needs/issues	Focus on primary level
Desired Outcomes	More comprehensive primary CAN prevention throughout Utah
Strategies	2005 PSSF-CBCAP and 2007 Children's Trust DCFS RFPs specified preference for primary and secondary prevention and required justification for use of funds for tertiary prevention.
<i>Action Steps:</i>	More of the programs funded by these two funding sources focus on primary prevention.

Data measures: Federal Fiscal Year 2006 report regarding levels of prevention in funded programs.

Needs/issues	Present information to Regional Director team
Desired Outcomes	Regional Directors have better information about CAN prevention efforts in Utah
Strategies	May 8 presentation to RD/Administration Team meeting
<i>Action Steps:</i>	Annual follow-up?

Data measures: Minutes of May 8 meeting.

Needs/issues	Keep children in their homes
Desired Outcomes	Fewer children in out-of-home placement
Strategies	Implement effective, evidence-based primary and secondary prevention models in Utah
<i>Action Steps:</i>	DOH request for funding for Nurse Family Partnership model; Governor's Child and Family Cabinet Council looking at cross-disciplinary, cross-agency strategies for preventing all poor child outcomes, including CAN and out-of-home placement.

Data measures: Trend of out of home placements over time.

Needs/issues	Children in grades K – 4 “lost”
Desired Outcomes	Fewer children in grades K – 4 are maltreated? Are in out-of-home placement?
Strategies	Implement effective, evidence-based primary and secondary prevention models in Utah
<i>Action Steps:</i>	Continue to fund prevention efforts now in place, especially after school mentoring and tutoring programs.

Data measures: Trend for child victims in this age group over time.

Needs/issues	Impact of meth and other substance abuse on children
Desired Outcomes	Fewer children where meth or other substance abuse is a factor in supported case in out-of-home placement; those who are in out-of-home placement spend fewer days there; more substance-abusing parents get into and complete substance abuse treatment.
Strategies	Meth/substance abuse interim groups for parents awaiting placement in treatment.
<i>Action Steps:</i>	Proposal submitted to ACF/OCAN June 28 for funding for this initiative.

Data measure: Trend in out-of-home placements of children in cases where substance abuse is a factor over time, especially if we get the grant.

Needs/issues	Limitations on existing resources.
Desired Outcomes	More funding for DCFS-funded resources such as Family Support Centers and Children's Trust grants; more effective collaboration with partner agencies; up front alternative responses; domestic violence pilot statewide.
Strategies	Governor's Child and Family Cabinet Council.
<i>Action Steps:</i>	Communicate these needs effectively to the Cabinet Council so that they make the desired outcomes priorities for funding next legislative session.

Data measures: Fewer children maltreated.

Goal: Re-entry into foster care (repeat removal)

Category: Permanency

Needs/Issues:	<ul style="list-style-type: none">○ Discharge to stable placements○ Improved OA placement process○ Better understanding of drug relapse○ Better understanding of how to support kinship placements○ Better decision making process before removals○ Understanding of how removals effect IV-E eligibility
Desired Outcomes:	<ul style="list-style-type: none">○ Children have stability and permanency○ Reduction of trauma○ Reduction of re-entry○ Better understanding by the courts○ Workers apply the principals that promote permanency
Strategies:	<ul style="list-style-type: none">○ Re-entry reporting – supervisors report on re-entries and why they occurred, what could have been done to prevent them.○ Clean up data from DJJS.○ Defined process between DJJS and DCFS on O&A placements not requiring change in custody
<i>Action Steps:</i>	<ul style="list-style-type: none">○ Regions will draft and implement region plans to reduce re-entries into foster care○ Data unit will work with ACF and DJJS to clean up the data, specifically the problem with children in DJJS custody moving in and out of IV-E eligible placements during one custody episode.○ Patti VanWagoneer and Dan Maldonado will compose a memorandum of understanding with a process to retain children in DCFS custody while accessing O&A services.○ Workers, AGG's and Judges will be trained on the new process.

Data Measures: Re-entry into care data

Goal: Placement Stability for children in foster care

Category: Permanency

Needs/Issues:	<ul style="list-style-type: none">○ More placement stability○ More appropriate placements to meet the child's needs○ More respite care resources○ Clarification of documentation processes○ Evaluation of use of shelters○ Understanding and commitment from caseworkers and providers on underlying trauma needs of children when placements are changed○ Negative spiral – more placements lead to more issues
Desired Outcomes:	<ul style="list-style-type: none">○ Each placement supports the long term view and moves must be purposeful○ Eliminate unnecessary placement changes; adequate placement resources○ Placement changes are reviewed○ Caseworkers and providers understand placement instability trauma○ Placement changes will have transition plans.
Strategies:	<ul style="list-style-type: none">○ Educate workers on why placement stability is so important○ Increase respite care resources○ Develop a format for reviewing placement changes before they occur that includes a transition plan○ Evaluate the types of placement resources needed such as increased structured placements, placements for latency aged children with behavior problems etc.
Action Steps:	<ul style="list-style-type: none">○ Meet with trainers to discuss how to educate workers on the importance of placement stability. Develop a plan○ Compile a list of respite care resources in each region○ Develop a format for placement change review○ Develop a format for transition planning prior to a placement change○ Evaluate the types of placement resources needed in each region

Data Measures: Placement stability data

Goal: Substance abuse - worker knowledge, strategies, resources

Category: Well-Being

Needs/Issues:	<ul style="list-style-type: none"> ○ Need funding in order to devote additional resources to substance abuse area ○ Supervisors and workers need training in how to work with families with substance abuse. ○ From Planning day: <ul style="list-style-type: none"> ▪ Treatment resources/treatment upfront/prevention essential ▪ Education ▪ Early intervention ▪ Exempt from permanency timelines (not realistic) ▪ Impact on brain development/neglect on children 0-3 years old ▪ Extra needs for substance abusing moms ▪ Need to know new research and how it applies to our work (do we add to problems in rehabilitation) ▪ Need partnerships
Desired Outcomes:	<ul style="list-style-type: none"> ○ Increase partnerships/collaboration – statewide and local levels (e.g. like CIC's – certain partner's mandatory); regular group interaction; formal plans to address ○ Money for service delivery – grant funds; drug courts treatment; know best ways to allocate funds (limited resources) ○ Fewer re-entries for substance abuse; repeat services ○ Process for peer support for people who came through caseworker systems ○ Get out of UA business (staff observed) ○ Staff connection/true partnership with community resources; staff morale; safer for children ○ Staff are educated on research-based methods for treating, etc. ○ Models are tested (e.g. drug courts, children with parents) ○ Overcome legal barriers (time to reunify/compelling needs) ○ Bring courts and attorneys on board regarding research (courts get it)
Strategies: <i>Action Steps:</i>	<ol style="list-style-type: none"> 1. Apply for and obtain grant funding. <ol style="list-style-type: none"> a. The revenue team has applied for a grant STRENGTHENING FAMILIES/CIRCLE OF PARENTS INTERIM GROUPS: IMPROVING OUTCOMES FOR METHAMPHETAMINE ABUSING FAMILIES UTILIZING UTAH'S CHILD WELFARE AND SUBSTANCE ABUSE AGENCIES. It is a request for funding for \$500,000 per year for 5 years. 2. Training for Supervisors and Workers <ol style="list-style-type: none"> a. Professional Development team is working on a training curriculum. 3. State Quality Improvement Committee looking into impact of Substance Abuse and what they can do.

Data Measures:

?Recidivism with substance abusing families?